

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
12-16-19	4		Aligned policy with CMS regarding Counting Minutes for Timed Codes in 15 Minute Units and Medically Unlikely edits.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals".
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms		Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
05/01/19	4	1	Updated Screening and Diagnostic Assessment Services and ASD Treatment Services
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
02-01-19	2	15 18	<ul style="list-style-type: none"> Changed heading from Presumptive Diagnosis for Beneficiaries under the Age of Three to Presumptive Diagnosis for Beneficiaries under the Age of Four

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		20	<ul style="list-style-type: none"> Changed SCDHHS ASD Prior Authorization Request form to Outpatient Prior Authorization Request Fax Form Updated Staff-to-Beneficiary Ratio and Case Load Management
02-01-19	4	1-2	Updated ASD Treatment Services and RBT billing requirement
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	17-18 31	<ul style="list-style-type: none"> Updated Prior Authorization for ABA Provider Updated Applied Behavior Analysis Treatment Services
07-01-18	3	32-33 33	<ul style="list-style-type: none"> Updated Retro Health Insurance Updated Retro Medicare
07-01-18	4	1, 2	Updated ASD Treatment Services
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 Updated CARC for 786 Updated Resolution for 906 and 907

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07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> Updated Retro Health and Pay & Chase Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
04-01-18	2	1 3-28 29-33	Updated the following sections: <ul style="list-style-type: none"> Overview Provider Requirements ASD Treatment Service Standards
04-01-18	Forms	-	<ul style="list-style-type: none"> Added ASD Fax Cover Sheet Deleted ASD Utilization Management Checklist
04-01-18	Webpage	-	Deleted ASD Utilization Management Checklist
03-01-18	Forms	-	<ul style="list-style-type: none"> Updated SCDHHS letterhead on ASD Utilization Management Checklist Updated SCDHHS letterhead on ASD LIP Provider Application
03-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application to update SCDHHS letterhead
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	2	1 13	<ul style="list-style-type: none"> Updated Overview Updated Documenting Medical Necessity
01-01-18	Forms	-	<ul style="list-style-type: none"> Updated SCDHHS letterhead on ASD Utilization Management Checklist Updated SCDHHS letterhead on ASD LIP Provider Application
01-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	2	25	Updated Individual Plan of Care (IPOC) Due Date

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11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	2	6	Updated ASD Group Provider Enrollment Guidelines
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	2	6 8 10 10,11 29 37 37,38	Updated the following sections: <ul style="list-style-type: none"> • LIP and ABA Provider Enrollment Guidelines • ASD Provider Enrollment Guidelines • Billable Codes • Prior Authorization • Individualized Plan of Care (IPOC) • Non-ABA ASD Treatment Services By A Lip • Behavior Identification Assessment
07-01-17	4		Updated ASD Treatment Services
07-01-17	Forms	-	Added ASD LIP Provider Application
06-09-17	2	1 3-4 4 7-8 9,10 11,12 13 18 20,21 21,22 23 28 30 31 34 35,36	Updated the following sections: <ul style="list-style-type: none"> • Overview • Provider Qualifications • Provider Qualifications Table • LIP and ABA Provider Enrollment Guidelines • ASD Group Provider Enrollment Guidelines • Billable Codes • Administrative Services Organization (ASO) • Maintenance of ASD Network Provider Credentials • Staff-To-Beneficiary Ratio and Case Load Management • Clinical Records and Documentation Requirements • Consent for Treatment • Error Correction • Psychological Assessment/Testing • Presumptive Diagnosis for Beneficiaries Under the Age of Three

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			<ul style="list-style-type: none">• Behavior Identification Assessment• Staff-to-Beneficiary Ration
06-09-17	4	1 2	<ul style="list-style-type: none">• Updated Screening and Diagnostic Assessment Services• Updated ASD Treatment Services
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes